

# Application 2023 - 2024 School Year

Caldwell Presbyterian Church Preschool  
71 Montcalm Street, Lake George, NY 12845  
518.668.2613

[caldwellprespreschool@gmail.com](mailto:caldwellprespreschool@gmail.com), [www.caldwellprespreschool.com](http://www.caldwellprespreschool.com)

Meghan Quillen, Director

Return application with \$45 nonrefundable deposit to enroll for next year.

Child's First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

## Student's Primary Contact

Parent/Guardian Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address \_\_\_\_\_ Employer \_\_\_\_\_  
\_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

The Preschool emails general preschool information. What email would you like to receive these communications?

Email \_\_\_\_\_

If not listed above, What phone number is best to text or call you for student/ class information? \_\_\_\_\_

## Secondary Parent/ Guardian Contact

Parent/Guardian Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_

Emergency contact names and phone numbers (in the event parents cannot be reached):

\_\_\_\_\_

\_\_\_\_\_

Child's Physician \_\_\_\_\_

Chronic Health Conditions \_\_\_\_\_

Any addition needs/concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian name

\_\_\_\_\_  
Parent/Guardian name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date